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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 09/772.394 Filing Date ļanuary 30, 2001 **POWER OF ATTORNEY** Firs (Named Inventor STANGEL, Peter and Title "Clinical Care Utilization..." **CORRESPONDENCE ADDRESS** Art Unit 3626 INDICATION FORM Examiner Name BUI, Kim T. Attorney Docket Numbe NG-001-US I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: 22191 Practitioners associated with the Customer Number: OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: The address associated with Customer Number: Firm or Individual Name Address City State Country Telephone Email am the: 1 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR \$.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date 0/3 Name Peter Stangel Telephone (845) 727-0181 Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. *Total of forms are submitted.

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